

PART B - FEE(S) TRANSMITTAL

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23353 7590 04/28/2008

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/538,480

06/07/2005

Hiroshi Rikimaru

IRD-0006

1842

TITLE OF INVENTION: DIAGNOSIS DEVICE AND DIAGNOSIS METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

07/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SKED, MATTHEW J	2626	704-271000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Rader, Fishman &

2 Grauer, PLLC

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RION Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 4

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0013 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Typed or printed name Toshikatsu Imaizumi

07/28/2008 S/EWDTF2 00000002 180013 18538480
 Date July 25, 2008
 01 FC:1544 1440.00 DA
 02 FC:1544 300.00 DA
 03 FC:1544 636.00 DA
 04 FC:1544 12.00 DA

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Authorized Signature

Date **July 25, 2008**

Typed or printed name

Toshikatsu Imaizumi

Registration No. **61,648**

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